

**LISTING OF EMPLOYEE PARTICIPANTS IN  
SHORT-TIME COMPENSATION PLAN – APPLICATION FORM "B"**

**VERMONT DEPARTMENT OF LABOR**

1. COMPANY NAME		2. UNIT NAME				3. U.I. ACCOUNT NO.	
4. <b>Please list participants names IN ALPHABETICAL ORDER, last name first.</b> <i>(Listing must include at least 10% of total employees in Unit)</i>		5. Social Sec. No.	6. Hourly Wage	7. Normal Weekly Hours	8. Proposed Reduction Percentage*	Proposed Weekly Hours	
						9. Deducted **	10. Worked **
							11. Agreed To By Bargaining Agent? (Yes/No/NA)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
_____ Total (Same as entry on Form A-8a.)						_____ Total (enter on Form A, line 8b.)	

\*Reduction percent must be at least 20%, not more than 50%, and the same for all participants.

\*\* Show any partial hours to nearest 100th of an hour (i.e., 37.5 x 20% = 7.50 Hrs.)

***BASE PERIOD FOR  
ESTABLISHING ELIGIBILITY FOR UI***

**First 4 or last 5 completed quarters;  
or  
Last 4 completed quarters; or Last 3 completed  
quarters; and current quarter.**

***MINIMUM ELIGIBILITY***

**You must have been paid a certain  
minimum qualifying amount in one  
calendar quarter and at least 40% of  
your high quarter in the remaining  
quarters during the base period.**

***NOTE:***

**Commissioner shall request any  
missing wage data if claimant's  
eligibility depends on wages paid in  
a quarter not yet in system.**